

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****LEGAL REPRESENTATIVES (35 U.S.C. 117)**

Supplemental Sheet

Page \_\_\_\_\_ of \_\_\_\_\_

<b>Name of Legal Representative :</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
LUTHER CALVIN		HARRIS	
Legal Representative's Signature		Date	
[Signature]		11/27/03	
Residence: City	State	Country	Citizenship
WARWICK	N.Y.	U.S.	U.S.
Mailing Address			
40 MAPLE AVE.			
Mailing Address			
City	State	Zip	Country
WARWICK	N.Y.	10990	U.S.
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

VERONICA ROSE HARGIS

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

UNIVERSAL LEG BRACE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)****Title of Invention**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
- ☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_,
- ☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**Inventor one: VERONICA ROSE HARGIS (DECEASED) LUTHER CALVIN HARGIS (EXECUTOR)Signature: \_\_\_\_\_ Citizen of: U.S.Inventor two: DR VICTOR KHABIESignature: [Signature] Citizen of: U.S.Inventor three: WILLIAM D THORPE JR.Signature: [Signature] Citizen of: U.S.

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

☐ Additional inventors or a legal representative are being named on \_\_\_\_\_ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name DR. LUTHER CARVIN HARGIS

Address 40 MAPLE AVE.

City WARWICK State N.Y. ZIP 10990

Country U.S. Telephone 845-986-5500 Fax 845-986-6627

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) VERONICA ROSE Family Name or Surname HARGIS

Inventor's Signature (DECEASED 9/22/03) DEATH CERT. ENCLOSED Date 11/27/03

Residence: City WARWICK State N.Y. Country U.S. Citizenship U.S.

Mailing Address 40 MAPLE AVE.

City WARWICK State N.Y. ZIP 10990 Country U.S.

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) DR. VICTOR Family Name or Surname RHABIE

Inventor's Signature [Signature] Date 11/30/03

Residence: City CROSS RIVER State N.Y. Country U.S. Citizenship U.S.

Mailing Address 163 JAY COURT

City CROSS RIVER State N.Y. ZIP 10518 Country U.S.

☒ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, If any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, If any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, If any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**COPY**

**DURABLE GENERAL POWER OF ATTORNEY  
NEW YORK STATUTORY SHORT FORM**

**THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD  
YOU BECOME DISABLED OR INCOMPETENT**

**(CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM  
YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR  
PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO  
MORTGAGE, SELL OR OTHERWISE, DISPOSE OF ANY REAL OR PERSONAL  
PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE  
POWERS WILL CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR  
INCOMPETENT. THESE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK  
GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTION 5-1502A THROUGH  
5-1503, WHICH EXPRESSLY PERMIT THE USE OF ANY OTHER OR DIFFERENT  
FORM OF POWER OF ATTORNEY.**

**THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR  
OTHER HEALTH CARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY  
TO DO THIS.**

**IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND,  
YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)**

**THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY  
pursuant to Article 5, Title 15 of the New York General Obligations Law:**

**I, VERONICA ROSE HARGIS**

**residing at 30 MAPLE AVENUE, WARWICK, NEW YORK 10990**

**do hereby appoint: LUTHER CALVIN HARGIS**

**residing at 40 MAPLE AVENUE, WARWICK, NEW YORK 10990**

**my attorney(s)-in-fact TO ACT**

**(If more than one agent is designated, CHOOSE ONE of the following two choices by  
putting your initials in ONE of the blank spaces to the left of your choice:)**

**( ) Each agent may SEPARATELY act.**

**( ) All agents must act TOGETHER.**

**(If neither blank space is initialed, the agents will be required to act TOGETHER)**

V.H. 6/23/03

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law and to the extent that I am permitted by law to act through an agent:

**(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated)**

- |         |     |  |
|---------|-----|--|
| (     ) | (A) | real estate transactions;  |
| (     ) | (B) | chattel and goods transactions;  |
| (     ) | (C) | bond, share and commodity transactions;  |
| (     ) | (D) | banking transactions;  |
| (     ) | (E) | business operating transactions;   |
| (     ) | (F) | insurance transactions;  |
| (     ) | (G) | estate transactions;   |
| (     ) | (H) | claims and litigation;   |
| (     ) | (I) | personal relationships and affairs;  |
| (     ) | (J) | benefits from military service;  |
| (     ) | (K) | records, reports and statements;   |
| (     ) | (L) | retirement benefit transactions;   |
| (     ) | (M) | making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000.00 to each of such persons in any year;              |
| (     ) | (N) | tax matters;   |
| (     ) | (O) | all other matters;   |
| (     ) | (P) | full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select; |
| (J.H.)  | (Q) | each of the above matters identified by the following letters:   |

A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of Section 5-1503 of the New York General Obligations Law.)

This durable power of attorney shall not be affected by my subsequent disability or incompetence.

If every agent named above is unable or unwilling to serve, I appoint MICHAEL BARTEK, residing at 436 East McFarlan Street, Dover, NJ 07801

to be my agent for all purposes hereunder.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVE RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

THIS DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

The powers granted under (A) and (B) above are enlarged so that all fixtures and articles of personal property which at the time of such transaction are or which may thereafter be attached to or used in connection with the real property may be included in the deeds, mortgages, agreements and any other instruments to be executed and delivered in connection with real estate transactions and which may be described in said instruments with more particularity.

I will not question the sufficiency of any instrument executed by my attorney(s)-in-fact pursuant to this power of attorney notwithstanding that the instrument fails to recite the consideration therefor or recites merely a nominal consideration; any person dealing with the subject matter of such instrument may do so as if full consideration therefor had been expressed therein.

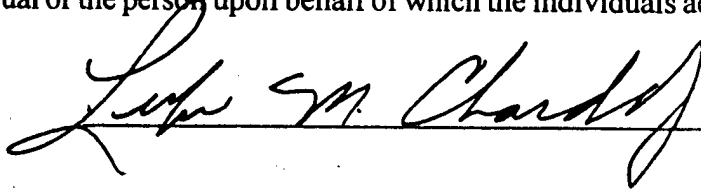
IN WITNESS WHEREOF I have hereunto signed my name this 25<sup>th</sup> day of June, 2003.

Veronica Rose Hargis  
VERONICA ROSE HARGIS



STATE OF NEW YORK)  
COUNTY OF ORANGE)ss.:

On the 23<sup>rd</sup> day of June, 2002 before me the undersigned, a Notary Public in and for said State, personally appeared VERONICA ROSE HARGIS, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual or the person upon behalf of which the individuals acted, executed the instrument.



LUKE M. CHARDE, JR.  
NOTARY PUBLIC, STATE OF NEW YORK  
02CH4620075  
QUALIFIED IN ORANGE COUNTY  
COMMISSION EXPIRES JAN. 31, 2006